

## WISCONSIN TRADE PROJECT (WTP) APPLICATION FORM

The Wisconsin Trade Project Application consists of two sections. Section I - Project Proposal and Parts C and D of Section II - Applicant Exhibit Information must be completed by an employee or owner of the business making the application. Parts A and B of Section II can be completed by an outside party. A company must apply to the trade show grant program and be approved prior to attendance; the program is not designed to reimburse companies for attendance at trade shows prior to signature of a grant contract. Personal information that you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

### SECTION I - PROJECT PROPOSAL

To be completed by an employee of the business making the application

<b>PART A. - APPLICANT INFORMATION</b>				
Name of Applicant Business				
Contact Person				Title
Street Address				Phone Number (     )     --
P. O. Box				E-mail
City	County	State	Zip Code	Fax Number (     )     --
Name of Owner/Partner/President				Title
Street Address				Phone Number (     )     --
P. O. Box				E-mail
City	County	State	Zip Code	Fax Number (     )     --
Business Website				
Federal Employer ID Number <b>OR</b> Owner's Social Security Number				

<b>PART B. - CONSULTANT INFORMATION</b>	
Did an outside consultant prepare this application?	_____ Yes     _____ No
If so, provide the required information in Section II, Part B.4	

<b>FOR CIBER HI-TECH AND BIOTECH TRAVEL GRANT APPLICANTS ONLY</b>	
The applicant is eligible for and wishes to be considered for the University of Wisconsin Hi-Tech and Biotech Travel Grant.	
Is a completed application for that program attached?	_____ Yes     _____ No
Full information on the CIBER Hi-Tech and Biotech Travel Grant is available at: <a href="http://www.bus.wisc.edu/ciber/business/Biotech_grants.asp">http://www.bus.wisc.edu/ciber/business/Biotech_grants.asp</a>	

**Parts C, D, E, and F pertain to individual business applicants only.**

### **PART C. - BUSINESS INFORMATION**

Type of Business		SIC Code
<u>Type of Ownership (check one)</u> <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Other (please specify)	<u>Ethnicity of majority owner</u> <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Eskimo/Aleut <input type="checkbox"/> Polynesian/Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (please specify)	<u>Sex of majority owner</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
Is this business an affiliate or subsidiary of another company? If yes, state name of the parent company and location.		
Are the principal operations of the applicant located in Wisconsin? If no, please list the state.		
Date Business Established		

### **PART D. - OWNERSHIP AND MANAGEMENT INFORMATION**

Provide a list of all shareholders holding 20% or more interest in the business

Name	Title	Percent Owned
1.		
2.		
3.		
4.		
5.		
All Other Shareholders	N/A	
<b>TOTAL</b>	-----	100 %

### **PART E. - FINANCIAL INFORMATION**

Provide the requested information from your most recent three years' historical financial statements. Also, if your year-end was more than 90 days prior to the application date, provide the data from your most recent quarterly financial statements.  
 Note: Together with all of its affiliates and subsidiaries and its parent company, the applicant's total gross sales in the preceding year cannot exceed \$25,000,000.

	Year Ended ____/____/____	Year Ended ____/____/____	Year Ended ____/____/____	Qtr. Ended ____/____/____
Total Assets				
Total Liabilities				
Total Equity				
Gross Sales				
Export Sales				
Net Income				

**PART F. - EMPLOYMENT INFORMATION**

Current Full-Time Equivalent (FTE) employees (1 FTE = 2,080 hours per year)

FTE employees in all operations

FTE Employees in Wisconsin

**PART G. - EVENT/DELEGATION INFORMATION**

Name of trade show or matchmaker delegation

Location(s) and Date(s)

Names and titles of your Wisconsin personnel who will attend this show

Name	Title
1.	
2.	
3.	
4.	

Event Objectives (Please *rank numerically* or mark *N/A* if not applicable)

RANK

Finding initial agent/distributor/rep(s) for market(s)

Finding replacement agent/distributor/rep(s)

Immediate sales

Market Research/New Business Contacts

Finding Joint Ventures Partner(s)

Finding Licensee(s)

Other (Specify)

**PART H. - BUDGET**

List approximate expenses for participation in the trade show or matchmaker delegation

Expense Category	Cost to be reimbursed by			Total Category Costs
	Trade Show Grant	Applicant	Other	
Event Registration				
Booth Construction				
Travel				
Lodging				
Meals				
Literature Translation				
On-site Translators/Interpreters				
Printing				
Shipping				
Promotional Materials				
Entertainment				
TOTAL				

<b>PART I. - PRODUCT INFORMATION</b>
Product(s)/Service(s) to be displayed for export sale (Attach catalogues or product literature)

The following information is integral to the application and must be answered and presented in the form of an exhibit or listed as not applicable (N/A). A page may contain more than one exhibit. Parts A and B can be completed by an outside party. Parts C and D must be completed by an employee or owner of the business making the application.

Provide a detailed export development plan and a description of how the proposed event for which reimbursement is sought will assist in meeting the goals and sales objectives of the export development plan. **Label as Exhibit A.1.**

Submit background information on the company including a brief history of its operations and a description of the products or services offered. **Label Exhibit B.1.**

If the applicant, any officers of the company, or any subsidiaries or affiliates have been involved in bankruptcy or insolvency proceedings, submit a detailed summary of those proceedings. **Label Exhibit B.3.**

If an outside consultant has assisted in the preparation of this application, please provide the name of the consultant and the consulting company, and pertinent contact addresses, phone/fax numbers, and e-mail addresses. **Label Exhibit B.4.**

**PART D. - TAXPAYER IDENTIFICATION NUMBER VERIFICATION** (Use Attached W-9 Form)

Wisconsin Department of Commerce  
Division of Investment and Export  
201 West Washington Avenue  
Madison, WI 53703

FAX: (608) 266-5551

For further information about the Wisconsin Trade Project or assistance in filling out your application or about the status of your application, contact the program manager by phone at (608) 267-0639, by fax at (608) 266-5551, or by e-mail at [spfrang@commerce.state.wi.us](mailto:spfrang@commerce.state.wi.us).

## **PART C. - CERTIFICATION STATEMENT**

The Certification Statement should be signed by both a competent company officer and by the contact person who prepared the application.

### **THE APPLICANT CERTIFIES THAT:**

1. To the best of its knowledge and belief, the data in this application is true and correct and that supporting documentation for the claims and assertions made within this application is available to the Department for its review.
2. The Applicant understands that submitting false or misleading information in connection with this application may result in the applicant being found ineligible for financial assistance under the Wisconsin Trade Project.
3. Wisconsin Trade Project funds will only be used for those activities included in the project budget, and the funds will not be used to replace funds from any other source.
4. At least fifty percent (50%) of the manufactured value of the product or of the performance value of the service will be produced in this state.
5. Together with all of its affiliates and subsidiaries and its parent company, it had total annual sales of \$25,000,000 or less in the calendar year proceeding this year.
6. The Department is authorized to obtain a credit check on the applicant and any individual with controlling interest. An applicant that has one individual that has controlling interest (greater than 50 percent) must have that individual sign this certification. In situations where controlling interest is divided between two individuals owning 50 percent of the business, both individuals must sign this form.

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Print Name and Title

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Signature

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Date

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Print Name and Title

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Signature

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Date



**DO NOT send to IRS**

## Taxpayer Identification Number (TIN) Verification

*Print or Type*

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<b>Legal Name</b> (as entered with IRS) <b>If Sole Proprietorship enter your Last, First, MI</b>	<b>Entity Designation</b> (check only one) <u><b>Required</b></u> <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities
<b>Trade Name</b> If doing business as (D/B/A) or enter business name of Sole Proprietorship	<b>Taxpayer Identification Number (TIN)</b> If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester.  _____  Check Only One <u><b>Required</b></u> <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)
<b>Remit Address</b> (where check should be mailed) PO Box or Number and Street, City, State, ZIP + 4	
<b>Order Address</b> (where order should be mailed) PO Box or number and street, City, State, ZIP + 4	
<b>Primary Address</b> (for return of 1099 form if different from remit address) PO Box or number and street, City, State, ZIP + 4	

**Certification**  
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number (     )
Signature		Date (mm/dd/ccyy)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return this form to:

Wisconsin Department of Commerce  
Division of Investment and Export  
201 West Washington Avenue  
Madison, WI 53703

## **Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)**

### **Legal Name** As entered with IRS

Individuals: Enter Last Name, First Name, MI  
Sole Proprietorships: Enter Last Name, First Name, MI  
All Others: Enter Legal Name of Business

### **Trade Name**

Individuals: Leave Blank  
Sole Proprietorships: Enter Business Name  
All Others: Complete only if doing business as a D/B/A

### **Remit Address**

Address where payment should be sent if different from primary address

### **Order Address**

Address where order should be sent if different from primary address

### **Primary Address**

Address where 1099 should be sent if different from remit address

### **Entity Designation**

Check *ONE* box which describes the type of business entity.

### **Taxpayer Identification Number**

*LIST ONLY ONE:* Social Security Number *OR* Employer Identification Number *OR* Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

### **Certification**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

### **Privacy Act Notice**

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

## Taxpayer Identification Request

In order for the State of Wisconsin to comply with the Internal Revenue Service regulations, this letter is to request that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the Wisconsin State Controller in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 31% withholding on each payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation in providing us with this information. Please return the completed form to:

Wisconsin Department of Commerce  
Division of Investment and Export  
201 West Washington Avenue  
Madison, WI 53703

Phone: (608) 267-0587  
FAX: (608) 266-5551